

AUG 18 1987

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Attachment 3.1-A

State Mississippi

Exhibit 10

DESCRIPTIONS OF LIMITATION AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

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10. Dental Services: Emergency Extraction - (Definition) - Any patient presenting with pain and/or infection of the dental apparatus and/or contiguous structure that in the opinion of the dental practitioner shall require extraction of the tooth shall be considered an emergency extraction.

Panorex or full mouth X-rays (DO330) will not be authorized more often than once every three years, per patient, per provider, with the following exceptions documented on the claim form:

- 1 - trauma to head or mouth area
- 2 - multiple abscessed teeth
- 3 - large area of infection not well observed by a periapical x-ray
- 4 - oral pain that is difficult to diagnose
- 5 - suspicion of oral cancer
- 6 - strong suspicion of oral disease that would not be diagnosed with oral exam or a periapical x-ray

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SUPERSEDES DATE/APPROVED 9/9/87  
TN No. 84-29 DATE/EFFECTIVE 7/1/87

State Mississippi

Exhibit 11

DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE  
AND SERVICES PROVIDED

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**11. Physical Therapy and Related Services:**

- a. Physical therapy is provided to all eligible individuals under the age of twenty-one (21) through EPSDT discretionary services.
- b. Occupational therapy is provided to all eligible individuals under the age of twenty-one (21) through EPSDT discretionary services.
- c. Services for individuals with speech, hearing, and language disorders are provided to all eligible individuals under the age of twenty-one (21) through EPSDT discretionary services.

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TN No. 89-11  
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STATE: Mississippi

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## DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

12a. Prescribed Drugs: Prescriptions and/or refills, not to exceed ten (10) per month per beneficiary, with the approval of the Division of Medicaid. The criterion for approval for more than five(5) prescriptions per beneficiary per month will be medical necessity, and where possible, consistency with the EPSDT program will be maintained. Prior approval is required for certain drugs: Clozaril, Sandimmune, Protopin, Humatrope, and Dipyridamole.

Drugs for which medical assistance reimbursement is available are limited to covered outpatient drugs of any manufacturer which has entered into and complies with an agreement under Section 1927 (a) of the Act which are prescribed for a medically acceptable indication.

As provided by Section 1927 (d) of the Act, the following drugs are excluded from coverage:

- (a) drugs for anorexia or weight gain;
- (b) drugs to promote fertility;
- (c) drugs used for cosmetic purposes or hair growth;
- (d) drugs for symptomatic relief of cough and colds (except Guaifenesin Syrup 100mg/5 ml, Iodinated Glycerol Elixir 60 mg/5 ml, Iodinated Glycerol Solution 50 mg/ml, and Iodinated Glycerol Tablets 30mg);
- (e) drugs for promotion of smoking cessation;
- (f) prescription vitamins and mineral products (except prenatal vitamins, fluoride preparations for children, or vitamins for dialysis patients.
- (g) Barbiturates (except Amobarbital, Butobarbital, Mephobarbital, Pentobarbital, Phenobarbital, Secobarbital);
- (h) drugs designated less than effective by the FDA (DESI drugs);
- (i) drugs for which manufacturers require associated test or monitoring services be purchased exclusively from the manufacturer or its designer;
- (j) Benzodiazepines (except Klonopin and Temazepam);
- (k) drugs produced by manufacturers who have not signed rebate agreements with the Secretary of the Department of Health and Human Services as required by OBRA '90;
- (l) over-the-counter drugs, except the ones listed below:

- Acetaminophen Elixir and Liquid 160mg/5ml
- Acetic Acid Glacial 2% otic
- Al and Mg Hydroxide Gel Suspension
- Al and Mg Hydroxide Gel Tablets
- Al and Mg Hydroxide Gel w/Simethacone Susp.
- Al and Mg Hydroxide Gel w/Simethacone Tab.
- Aspirin Tablets 10gr (buffered) 100's
- Aspirin Tablets 5gr (buffered) 100's
- Aspirin 5gr Enteric Coated Tablets/Capsules
- Aspirin 7.5gr Enteric Coated Tablets/Capsules
- Aspirin 10gr Enteric Coated Tablets
- Basaljel Liquid
- Basaljel Capsules
- Basaljel Tablets

TN No. 99-07

Supersedes

TN No. 91-07

Effective Date	<u>SEP 1997</u>
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STATE: MississippiDESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE  
AND SERVICES PROVIDED

- Basaljel Extra Strength Liquid
- Ca Carbonate Tablets 500mg
- Ca Carbonate Liquid 200mg/ml
- Ca Carbonate powder 1 lb
- Clotrimazole 1%
- Clotrimazole 100 mg Vaginal Tablets
- Clotrimazole 1% Vaginal Cream
- Corticaine Cream
- Diphenhydramine 25mg and 50mg Capsules
- Diphenhydramine Elixir
- Ferrous Sulfate Drops
- Ferrous Sulfate Liquid
- Ferrous Sulfate Tablets
- Guaifenesin Syrup 100mg/5 ml
- Insulin (All)
- kaolin, Pectin, Belladonna All., Pow. Opium
- Lari-Lube S.O.P.
- Magnesium Gluconate 500mg tablets
- Meclizine
- Miconazole Nitrate Cream 2%
- Miconazole Nitrate Vaginal Cream 2%
- Nicotinic Acid 400 mg SR Tablets/Capsules
- Nicotinic Acid Tablets
- Nix Cream Rinse 1%
- Pedialyte Solution 8 oz./6-pack
- Pedialyte Solution 32 oz.
- Phenazopyridine 100mg
- Phos-Ex Tablets 167mg (180 Tablet Bottle)
- Phos-Ex Tablets 250mg (180 Tablet Bottle)
- Pyrantel Pamoate Suspension 250mg/5mg
- Ricelyte Liquid 33.8 oz.
- Sodium Salicylate Tablets 10gr

Assurances:

Based on Section 1927 of the Act, the Division of Medicaid will comply with other requirements as follows:

- The Division of Medicaid will comply with the drug reporting requirements for state utilization information and on restrictions of drug products;
- The state does not have an existing rebate agreement with a drug manufacturer but will abide by those agreements executed by the Secretary of HHS. The state does agree to report all rebates from manufacturers;
- The Division of Medicaid will allow all participating manufacturers to audit utilization data;
- The unit rebate amount will be held confidential and will not be disclosed for purposes other than rebate invoicing and verification;

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STATE: MississippiDESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED.

- Effective July 1, 1991, drug prior authorization will be turned around within 24 hours from receipt of request by telephone or other telecommunication device. In emergency situations, the Division will allow payment for a 72-hour supply of drugs that are to be prior-authorized.
- The Division of Medicaid will not exclude for coverage new drugs (except excluded/restricted drugs specified in Section 1927[d] [1]-[2]) of participating manufacturers.
- The Division shall make no payment for an innovator multiple-source drug dispensed after July 1, 1991, if, under applicable state law, a less expensive non-innovator multiple-source drug (other than the innovator multiple-source drug) could have been dispensed:
- The Division shall make no reductions in reimbursement limits on covered outpatient drugs or dispensing fees during the period of time beginning January 1, 1991 and ending December 31, 1994.

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TN 99-03

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: MISSISSIPPI

DESCRIPTIONS OF LIMITATION AS TO AMOUNT, DURATION AND SCOPE OF  
MEDICAL CARE AND SERVICES PROVIDED

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- 12c. Orthotics and Prosthetic Devices - Orthotics and prosthetic devices are provided to children under 21 years of age when prescribed by a physician and medically necessary.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT Attachment 3.1-A

State Mississippi

Exhibit 12d.

DESCRIPTIONS OF LIMITATION AS TO AMOUNT, DURATION AND SCOPE OF  
MEDICAL CARE AND SERVICES PROVIDED

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(11/1/82) 12d. Eyeglasses: Limited to one (1) pair of glasses required as a result of eye surgery, and to glasses required as determined through EPSDT screening.

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Transmittal #82-23

*A 11/4/82 E 11/1/82*  
*Sup: 81-7*

**DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED**

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**13a--13d** Other diagnostic screening, preventive and rehabilitative services other than those provided elsewhere in this plan:

Limited to preventive and rehabilitative services  
(42CFR440.130[a] [b] [c] [d] and the following procedures:

**Medication Checks:** Regular and periodic monitoring by a psychiatrist or physician of the therapeutic effects of medications prescribed for mental health purposes.

**Individual Therapy:** Physician prescribed assessment, treatment planning, evaluation and one-on-one therapy with the eligible Medicaid recipient.

**Family Therapy:** Physician prescribed therapy for the family of a recipient that is exclusively directed to the treatment of the Medicaid eligible recipient.

**Group Therapy:** Physician authorized face-to-face therapy with a group of clients to address the needs of several clients at the same time. Activities are designed to prevent deterioration, to encourage remediation, and to provide rehabilitation of the clients' capacity to function in society.

**Psychosocial Rehabilitation:** Physician authorized services designed to alleviate psychiatric decompensation, confusion, anxiety, feelings of low self-worth, isolation and withdrawal. Psychosocial rehabilitation activities include reality orientation, social adaptation, physical coordination, daily living skills, effective management of time and resources, task completion, and activities to incorporate the individual into independent community living.

**Nursing Services:** Physician prescribed nursing services necessary for the support and rehabilitation of the Medicaid recipient. Activities include assessment of extrapyramidal symptoms, education of recipient and family about illness.

**Injectable Medication:** Injection of a psychotropic medication prescribed by a physician with the purpose of restoring, maintaining, or improving the client's role performance and/or mental health status. This service is to be provided by a licensed registered nurse, a licensed practical nurse or a physician to enhance the client's rehabilitation.

Providers of medication checks, individual therapy, family therapy, group therapy, psychosocial rehabilitations treatments, and nursing services must meet the standards as established under Sections 41-19-31 through 41-19-39 and/or Section 41-4-7(g), Mississippi Code of 1972, as amended.

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TN No. 92-17  
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STATE Mississippi

Exhibit 13a--13d

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**DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED**

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The following services are limited to all eligible individuals under the age of twenty-one (21) through EPSDT Discretionary Services:

**Physical Therapy Services:** Services prescribed by a physician and provided to a recipient by or under the personal supervision of a qualified physical therapist. A qualified physical therapist is an individual who is a graduate of a program approved by both the Committee on Allied Health Education and Accreditation of the Medical Association and the American Physical Therapy Association or its equivalent and who is licensed as defined by state law.

**Occupation Therapy Services:** Services prescribed by a physician and provided to a recipient by or under the personal supervision of a qualified occupational therapist. A qualified occupation therapist is an individual who is a graduate of a program approved by the Committee on Allied Health Education and Accreditation of the American Occupational Therapy Association and who is licensed as defined by state law.

**Speech Therapy Services:** Services prescribed by a physician and provided to a recipient by or under the personal supervision of a qualified speech pathologist or audiologist. A qualified speech pathologist or audiologist is an individual who has a certificate of clinical competence from the American speech and Hearing Association, has completed the equivalent education requirements and work experience necessary for the certificate or has completed the academic program and is acquiring supervised work experience to qualify for the certificate and who is licensed as defined by state law.

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STATE Mississippi

Exhibit 15

DESCRIPTIONS OF LIMITATION AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL  
CARE AND SERVICES PROVIDED

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15. Intermediate Care Facilities Services - Mentally Retarded.

Prior approval required.

Initial coverage limited to day authorization (MMC 260) form signed by  
admitting physician, unless eligibility occurs after admission for a retroactive  
period.

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